

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034395

1. Entity Name
PREMIER TECHS CLINICAL LABORATORY, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90070 012 ***150.00

0163738 AV

Principal Place of Business
6811 PEMBROKE RD
PEMBROKE PINES FL 33023

Mailing Address
3741 SW 45TH AVENUE
HOLLYWOOD FL 33023

2. Principal Place of Business

3. Mailing Address

6811 Pembroke Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pembroke Pines, Fla

Zip

Country

Zip

33023

Country

USA

4. FEI Number

65-1005202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WILLIAMS; YVONNE L
3741 SW 45TH AVENUE
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name
Williams, Yvonne I

Street Address (P.O. Box Number is Not Acceptable)

6811 Pembroke Road

City
Pembroke Pines Fla

FL

Zip Code

33023

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Yvonne I. Williams Registered Agent 1-8-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, ANDY T
3741 SW 45TH AVENUE
HOLLYWOOD FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, YVONNE I
3741 SW 45TH AVENUE
HOLLYWOOD FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FLEURINOR, ANNA
210 NW 212 ST
MIAMI FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Williams ANDY T.
6811 Pembroke Road
Pembroke Pines Fla 33023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Williams, Yvonne I
6811 Pembroke Road
Pembroke Pines, Fla 33023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FLEURINOR, ANNA
210 N.W. 212 ST
Miami, FL 33179 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDY T. WILLIAMS

1-7-03

Date

(954) 964-8222

Daytime Phone #

CR2E034 (10/02)